

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the parrative portion of this report.

Establishment Name Telephone Number Date of Inspection PERMIT #							
Establishme	ent Name	در ماه	n Drive-IN Theatre	Telephone Number 8/2-95/-26/6	(mm/dd/y		PERMIT#
	_	_		-	9-3	1-19	
8200 State Rd 64 Georgetown IN 47122 1812-181-2030							116
Owner Bi	// Po	we	11	Purpose: 1. Routine	Follow-up Release Date Tockar		
Owner's Ad	ldress		<u> </u>	2. Follow-up	Summary of Violations:		
8200	SK	6	Y	3. Complaint			7
Person in C	harge	B,	11 Powell	4. Pre-Operational	C NC R		
Responsible	Person's	E-mai		5. Temporary	Menu Ty	pe <i>(See back</i>	of page)
;	·			6. HACCP			
Certified Fo	ood Manag		April Powell 124	7. Other (list)	12	3_	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be C	orrected By
443	\mathbb{C}		Masurel Chlorine Sanit	izer asove		COM	ecte4
			200 ppm.				- 1
291	116		Observed no culonia test Strips week				
247	17 NC OSSERVER NO hund towels at hammashing today						
	Sink .						
309	M		Observed Fays on cook	line to be		Iwe	·e/(
30 1	/ V C		ducky	11.00 00 00		, , , , , ,	
			0.0374	7,		· · · · ·	
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Received by (name and title printed): Thomas Snider, EHS Thomas Snider, EHS							
Received by (signature): Inspected by (signature):							
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